

After Recording, Return To:

X Baskin McCarroll
P.O. Box 190
Southaven, MS 38671
662-349-0664 File #810093

PREPARED BY AND RETURN TO AND RETURN TO:

Lane Southern Whitehead
91 South Front Street
Suite 02
Memphis TN 38103
(901) 526-7631

GRANTOR:

G. A. Robinson III, Trustee of the Mary B. Robinson Trust
91 South Front Street, Suite 02
Memphis, TN 38103
(901) 526-7631

GRANTEE:

Gilbert A. Robinson III, Executor of the Estate of Mary Nelson Bankston Robinson
91 South Front Street, Suite 02
Memphis, TN 38103
(901) 526-7631

INDEXING INSTRUCTIONS:

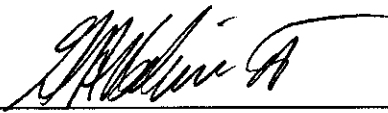
Lot 29, Lake O'The Hills Subdivision, Section B, situated in Section 19, Township 3 South, Range 9 West, as shown on plat appearing of record in Plat Book 2, Pages 35-36 in the Office of the Chancery Clerk of Desoto County, Mississippi, municipally known as 3451 Loch Achray Cove, Hernando, Desoto County, Mississippi. Assessor's parcel no. 3094-1905.0-00029.00.

TRUSTEE'S DEED

KNOW ALL MEN BY THESE PRESENTS, that G. A. ROBINSON III, TRUSTEE of the Mary B. Robinson Trust dated August 8, 2005 and recorded in Book 110, Page 89 in the Chancery Court Clerk's Office of Desoto County, Mississippi (herein "Grantor") for and in consideration of the sum of TEN DOLLARS (\$10.00), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged does hereby bargain, sell, release, remise, quit claim and convey unto GILBERT A. ROBINSON III, EXECUTOR of the Estate of Mary Nelson Bankston Robinson, an unmarried person, filed at Docket Number D-0005639 in the Probate Court of Shelby County, Tennessee (herein "Grantee") all his right, title and interest in and to the following described real estate located in Desoto County, Mississippi, to wit:

Lot 29, Lake O'The Hills Subdivision, Section B, situated in Section 19, Township 3 South, Range 9 West, as shown on plat appearing of record in Plat Book 2, Pages 35-36 in the Office of the Chancery Clerk of Desoto County, Mississippi, municipally known as 3451 Loch Achray Cove, Hernando, Desoto County, Mississippi. Assessor's parcel no. 3094-1905.0-00029.00.

IN WITNESS WHEREOF Grantor has executed this Quit Claim Deed this the 29th day of November, 2010.



G. A. ROBINSON III, TRUSTEE of the Mary B. Robinson Trust dated August 8, 2005

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me, a Notary Public in and for said State and County, duly commissioned and qualified, personally appeared G. A. Robinson III, Trustee of the Mary B. Robinson Trust, to me known to be the person described in and who executed the foregoing instrument for the purposes therein contained in his representative capacity.

WITNESS my hand and Notarial Seal at this day of November, 2010.

commission expires:

May 30, 2012



Lane Southern Whitehead My
Notary Public

TITLE NOT EXAMINED AND NO OPINION GIVEN AS TO STATUS OF SAME.

DK 11 PK 649 EC 304



**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FUND
NUMBER

TYPE/PRINT

A

PERMANENT

BLACK INK

FOR

INSTRUCTIONS

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

2. SEX

3. DATE OF DEATH (Month, Day, Year)

MARY NELSON BANKSTON ROBINSON

FEMALE

AUGUST 9, 2008

4. AGE-LAST BIRTHDAY (Month, Day, Year)

5. UNDER 1 YEAR

6. UNDER 1 DAY

7. BIRTH-PLACE (City and State or Foreign Country)

80

8. PLACE OF DEATH (If not at home, specify)

9. FACILITY NAME (If not institution, give street and number)

10. CITY, TOWN, OR LOCATION OF DEATH

11. COUNTY OF DEATH

HOSPITAL

12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

13. KIND OF BUSINESS/INDUSTRY

14. RESIDENCE-STATE

15. COUNTY

16. CITY, TOWN OR LOCATION

17. STREET AND NUMBER OR RURAL LOCATION

18. DECEASED'S EDUCATION (Specify only highest grade completed)

19. DECEASED'S MARRIAGE STATUS (Married, Never Married, Widowed, Divorced (Specify))

20. SURVIVING SPOUSE (If wife, give maiden name)

21. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

22. KIND OF BUSINESS/INDUSTRY

23. RESIDENCE-STATE

24. COUNTY

25. CITY, TOWN OR LOCATION

26. STREET AND NUMBER OR RURAL LOCATION

27. INSIDE CITY LIMITS?

28. ZIP CODE

29. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or hispanic origin, e.g., Mexican, Puerto Rican, etc.)

30. RACE (American Indian, Black, White, etc. (Specify))

31. DECEASED'S EDUCATION (Specify only highest grade completed)

23. FATHER'S NAME (First, Middle, Last)

32. MOTHER'S NAME (First, Middle, Maiden Surname)

33. INFORMANT'S NAME (Type/Print)

34. RELATIONSHIP TO DECEASED

35. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

MR. GILBERT A. ROBINSON, III

SON

LAURA NELSON

36. METHOD OF DISPOSITION

37. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

38. LOCATION-City or Town, State

39. SIGNATURE OF FUNERAL DIRECTOR

40. LICENSE NUMBER OF FUNERAL DIRECTOR

41. SIGNATURE OF EMBALMER

42. LICENSE NUMBER OF EMBALMER

43. NAME AND ADDRESS OF FUNERAL HOME

44. LICENSE NUMBER OF FUNERAL HOME

45. REGISTRAR'S SIGNATURE

46. DATE FILED (Month, Day, Year)

47. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

48. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

49. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

50. PART I: Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

51. IMMEDIATE CAUSE (Final disease or condition resulting in death)

52. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE (Disease or injury that initiated events resulting in death) LAST

53. MANNER OF DEATH

54. DATE OF INJURY (Month, Day, Year)

55. TIME OF INJURY

56. INJURY AT WORK?

57. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))

58. LOCATION (Street and Number or Rural Route Number, City or Town, State)

59. WAS AN AUTOPSY PERFORMED?

60. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

61. DATE OF INJURY (Month, Day, Year)

62. TIME OF INJURY

63. INJURY AT WORK?

64. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))

65. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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153. LOCATION (Street and Number or Rural Route Number, City or Town, State)

154. IMMEDIATE CAUSE (Final disease or condition resulting in death)

155. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE (Disease or

PH-1850 (REV. 8-59)

BIRTH NO

FD-1306

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



Sharon M. Leinbach
STATE REGISTRAR

Dorris Conner
Local Registrar
Shelby County

Date Issued **AUG 19 2008**



CERTIFICATION OF VITAL RECORD